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00909      7590      08/11/2006

**PILLSBURY WINTHROP SHAW PITTMAN, LLP**  
P.O. BOX 10500  
MCLEAN, VA 22102

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(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/622,427	07/21/2003	Toshihiro Kasai	008312-0305075	4949

TITLE OF INVENTION: INJECTION APPARATUS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0	\$1700	11/13/2006

EXAMINER	ART UNIT	CLASS-SUBCLASS
NGUYEN, THUKHANH T	1722	425-145000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <input type="checkbox"/> the names of up to 3 registered patent attorneys or agents OR, alternatively. <input type="checkbox"/> the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input checked="" type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	<b>PILLSBURY WINTHROP</b> <b>SHAW PITTMAN, LLP</b> 2 _____ 3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)  
11/03/2006 TOKYO, Japan 00000117 033975 10622427

TOKYO, Japan  
01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3975 (enclose an extra copy of this form).

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a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature \_\_\_\_\_ *[Signature]*

Date November 2, 2006

Typed or printed name *Christophe F. Lair*

Registration No. 54,248

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